

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002070

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 11

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED JAN 21 1963

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWP.		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST, CONVAL. HOME		d. STREET ADDRESS 1411 MOFFET ST.	
3. NAME OF DECEASED (Type or print) First JAKE Middle JOSEPH Last GOING		4. DATE OF DEATH Month JAN. Day 12 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-20-96
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY BED SPRG. FACTORY	
11. BIRTHPLACE (City and state or country) SALEM ENNENDA, SWITZERLAND-U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME OLIVER GOING		13b. MOTHER'S MAIDEN NAME MARIA WERNER	
14. NAME OF HUSBAND OR WIFE ANNE BRASFIELD GOING		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 183		17. INFORMANT Mrs. J. J. GOING, JOPLIN, MO.	
18. CAUSE OF DEATH (Enter only one cause p. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer, Colon, large</u> Conditions, if any, which gave rise above cause (a), stating the underlying cause last. <u>metastasis to rectum, pelvis</u> DUE TO (b) <u>Cancer, prostate, 7 years</u> DUE TO (c) <u>metastasis to rectum, pelvis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto accident - Nov 1962</u>		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION JOPLIN MO		20g. COUNTY JASPER	
21. I attended the deceased from Nov. 15, 1962 to Jan. 9, 1963 and last saw him alive on Jan. 9, 1963		22a. SIGNATURE <u>Levin H. Torgerson</u> (Degree or title)	
22b. ADDRESS M.D. MEDICAL ARTS BLDG., JOPLIN, MO.		22c. DATE SIGNED 1-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 14, 1963	
23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) CARTHAGE MO.	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. 1-15-63	
ULMER FUNERAL HOME, CARTHAGE, MO.		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Removal issued 1-12-63

JAN 23 1963

MAR 6 1963

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.